

Sentencing Brochure

Justin G. Lamonda

4:23-cr-00118



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Good Character Letters

September 4, 2023

Dear Presiding Judge,

My name is Kathy Wilhite and I am city clerk for the Town of Harrisburg, Missouri. I am pleased to offer my letter of support for Justin Gary LaMonda.

Living in the same small town, my family and I have known him personally for 30+ years as a friend. With that being said, I feel qualified to speak in terms of his character.

Throughout this time, I have experienced an individual who is professional, intelligent, and considerate of others. He carries himself in a polite and respectable manner.

Justin is a family person who cares very deeply for his three children and is very involved in their lives, spending as much time as possible with them. He resides with his mother and, since the passing of his father, has stepped up as an immense support to her on the family's property.

Justin also works hard at his job with the United States Postal Service and is known as a very reliable and dedicated employee.

Justin presents himself with levelheadedness and grace and I am honored to provide a character reference for him.

I hope that the information I have provided helps to show what an outstanding individual he is.

Please do not hesitate to contact me if you should require any further information. I personally think Justin is a fine young man.

Respectfully,

Kathy Wilhite

MICHAEL J. BARBER, P.A.
Attorney at Law

808 North Main Street
Kissimmee, FL 34744

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September 5, 2023

To the Honorable Court

I am writing this letter regarding Mr. Justin La Monda and the action before this court set for hearing on September 7, 2023. My relationship with Mr. La Monda is a long family history. His father, Dr. Gary W. La Monda, now deceased, and I have known each other since the first grade. I was a part of each other's lives since before Mr. Justin La Monda and his sisters were born and have been around Justin his whole life.

My belief is due to the choices he made since he was in his medical residency it led to his standing before this court now. He is a brilliant individual. He has suffered the loss of his marriage to the mother of his three children, serious medical problems arising from a rear end collision which he was not at fault for and the loss of his medical license and career. He is gainfully employed and supports his children.

It is my personal opinion that the sentence of this court permit Mr. La Monda to continue to be employed, allowing him to support his children and be a part of their lives. Thank the Court for its consideration.

Respectfully,

Michael J. Barber, Esq.

9/1/2023

To whom it may concern,

Justin LaMonda

I have known Dr. Justin for several years, not only as a doctor but as a friend. I can vouch for him, and say that he has been a person of morals and integrity over the time we have known each other.

I can further state that Dr. Justin has been immensely dedicated to his family and work, and a loving person towards all his patients and his friends. Dr. Justin LaMonda is very knowledgeable in his work, and has saved many lives in his work, by proper diagnosing problems that many others could not find. I am one of them, and am still living today because of his care that he provided, and he was willing to set and spend time with not only me but all his patients.

He has been known to be helpful and charitable, and is a much-loved person by all. Dr. Justin is very much missed in our community, not only for his professional practice, but as a friend to all.

To sum this letter up, I am truly thankful and honored for the chance to call Dr. Justin and his family a friend. I believe beyond any doubt, that this man is and always be a man of his word, and a man that will take responsibility for any action that he has done.

I thank you for your consideration and time of reading this on behalf of Dr. Justin Lamonda. My prayer is that you may see the real person that we all know him to be, and not by a fault he has done in the past.

Yours faithfully,

Douglas Coonce

224 E. Hinton Ave #29

Moberly, MO 65270

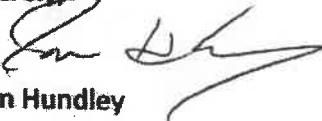
1-660-676-8434.

August 28, 2023

To whom it may concern,

I am writing this letter in regards to Justin Lamonda. I have known and worked with Justin for the past 3.5 years. In that time, I have known Justin to be a very good coworker and friend. He is always polite to other workers and to his customers. He shows up to do his job every day, and to my knowledge, has never had any disciplinary actions levied against him. I have witnessed and have been told by many of his customers what a nice and pleasant person he is. Justin is always willing to help out any time that help is needed, and does not complain about it. I also know him to be a loving father to his children. Justin and I talk about our children often at work and I can see how happy he is when he talks about his own kids. I've heard him talk about how hard it is raising them with his ex-wife and how much he misses them when it is her turn to have them. I know that his family needs him in their lives and I think that it would be an injustice for him to be incarcerated. He is a good person and I believe our society is better off with people like Justin in it.

Sincerely,


Jason Hundley



August 10, 2023

526 E Spring Street
Boonville MO 65233

Dear Recipient:

I have known Justin Lamonda as an employee of USPS for over 2 years.

During that time he has become a valuable asset to our team.

He has proven himself to be honest, forthcoming, and dependable.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Taylor".

Rick Taylor
Postmaster
Boonville MO 65233
richard.f.taylor@usps.gov
(660) 882-5666



Medical/Life Care Plan



LIFE CARE PLAN

Referral: Jeff Bauer

Client: Justin LaMonda

Date Referral Received: June 17, 2022

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MATERIAL REVIEWED

- Petition
- Bluetail Valley Surgical Group
- Advanced Radiology
- Boone Hospital Center
- Columbia Orthopedic Group
- Dr. Gary LaMonda
- University of Missouri
- Bluetail Medical Group
- Centric Heart & Vascular
- Columbia Interventional Pain Center
- Dr. Craig Vorhees
- Henley Chiropractic Center
- HyVee Pharmacy
- Hils Pharmacy
- Interventional Pain Institute
- Kilgore's Respiratory Center
- Maxwell Family Chiropractic
- MISH Hospital and Clinics
- MU GI Clinic
- MU Family Medicine Clinic
- MU Heart and Vascular Clinic
- MU Neurology
- MU Orthopedics
- MU Physical Medicine & Rehab Clinic
- Neurology Inc
- Peak Physical Therapy
- Select PT

- St. Louis Rheumatology
- Surgery Center of Columbia
- Urology Associates of Central Missouri
- Washington University Neurology
- Sumits Hot Yoga
- Wilsons Gym
- Depositions
 - Christopher Lehman
 - Dr. Justin LaMonda
 - Natalie LaMonda
 - Dr. Misha Shea
 - Dr. Ramis Gheith
- Police Report
- Discovery Responses

DIAGNOSES

1. Multiple system trauma secondary to motor vehicle crash
 - A. Mild traumatic brain injury
 - B. Cervical spine injury
 - C. Lumbar spine injury
 - D. Left wrist injury
 - i. TFCC tear
 - ii. DRUJ Instability
2. Post concussive syndrome
 - A. Post traumatic migraines
 - B. Dizziness
 - C. Dysautonomia
 - D. Fatigue
 - E. Mild cognitive loss
 - F. Hypersomnolence
 - G. Pseudobulbar affect
 - H. Persistent fatigue
3. Complex regional pain syndrome
 - A. Left arm
 - B. Early evidence of localized spread
4. Cervical dystonia
5. Chronic pain
 - A. Left arm (CRPS)
 - B. Headache
 - C. Neck pain
 - D. Back pain
6. Failed wrist surgery requiring re-operation
7. ADL/IADL persistent and permanent deficits

INTRODUCTION

Justin LaMonda is a 41-year-old male that was involved in a motor vehicle crash on October 13, 2016. As a result of the crash, Justin suffered injuries to his head, neck, back, and left wrist. Justin has required extensive care and assistance as a result of his injuries.

As a result of injuries sustained on October 13, 2016, Justin LaMonda will require prolonged health care and related services. Palm Medical Solutions has been asked to create a Life Care Plan to address these needs. All opinions in this Life Care Plan are stated to a reasonable degree of medical certainty and are based upon review of his medical records, direct interaction with Justin, recommendations of his health care providers and the experience of this Physician Life Care Planner. Palm Medical Solutions reserves the right to make changes to this plan if new information is provided or if changes occur in the health of Justin LaMonda.

MEDICAL TIMELINE

Extensive records have been provided and reviewed. A brief overview is recorded here to assist in the preparation of this Life Care Plan.

Prior to October of 2016: Justin had a limited health history. He had an injury to his left wrist as a child that involved the growth plate that left a mild deformity as he aged but did not alter function. Justin had a tibial plateau fracture in 2014 that required surgical repair (records reviewed). Justin underwent urgent craniotomy for removal of a third ventricle colloid cyst in 2014 with no long-term effects or residual deficits. Justin had also undergone the repair of an umbilical hernia. Justin had been treated for anxiety and PTSD. He was active, fully independent, and gainfully employed.

October 13, 2016: Justin was on his way to work when his vehicle was struck in the rear by another car. Justin remembers seeing the vehicle in his mirror but does not remember the crash sequence. Justin was able to leave the scene unaided but after a short drive, pulled over and called EMS secondary to pain and foggy feeling.

Per the police report, Justin had stopped in traffic and was rear-ended by another vehicle. They report that Justin was transported by EMS after complaining of chest, back, and neck pain.

Justin was seen in the Emergency Department at MU. He had been in an MVC with a positive LOC. He stated that he felt "confused". Imaging was negative and he was discharged.

Justin developed dizziness and headache over the next few days.

October 15, 2016: Justin was seen in the Emergency Department. The assessment was neuropathy and migraine.

November 11, 2016: Justin was seen by Neurology. The impression was posttraumatic headaches, post-concussion syndrome, and possible left upper extremity radiculopathy.

April 18, 2017: Justin was seen by pain management for left wrist pain. He underwent left wrist radial/dorsal wrist joint injection.

April 19, 2017: Justin was seen by Neurology. The impression was post-traumatic headaches, post-traumatic migraine headaches, left face/arm dysesthesias as a result of potential contusion of the brain in the MVC.

May 24, 2017: Justin was seen by PMR. The assessment was concussion with loss of consciousness, left upper extremity and hand pain.

July 10, 2017: Justin was seen by Pain Management for cervicalgia and occipital pain. He underwent CESI.

July 18, 2017: Justin was seen by Orthopedics for his left wrist associated with his MVC. CT arthrogram was ordered.

July 20, 2017: Justin was seen by Orthopedics. His wrist was injected. CT arthrogram showed an obviously torn TFCC.

August 10, 2017: Justin was seen by Neurology for headaches. The assessment was chronic migraine without aura and concussion.

August 14, 2017: Justin was seen by Plastic Surgery in follow-up of traumatic left hand and wrist pain.

August 15, 2017: Justin was seen by Neurology. Medication changes were made.

August 18, 2017: Justin was seen by Orthopedic Surgery for wrist pain. Surgical reconstruction was discussed.

August 21, 2017: Justin was taken to the operating room by Orthopedics where he underwent osteotomy and left ulna shortening.

August 31, 2017: Justin underwent osteotomy and shortening of the ulna.

October 16, 2017: Justin was seen by Plastic Surgery.

October 20, 2017: Justin was seen by Pain Management. The assessment was right lumbar radiculitis associated with L5-S1 disc protrusion annular tear and L4-5-disc protrusion. A new MRI was ordered.

November 1, 2017: Justin was seen by Neurology. Chemodenervation was planned for headache control.

November 15, 2017: Justin was seen by Pain Management. He underwent LESI.

November 27, 2017: Justin was seen by Pain Management. LESI was performed.

December 8, 2017: Justin was seen by Orthopedic Surgery. He complained of his wrist slipping in and out. The impression was chronic ulnar positivity and DRUJ instability along with chronic carpal arthritis. The reconstruction had failed. Distal radius prosthesis was discussed with would require a lifetime lifting limit of 20 pounds.

December 18, 2017: Justin was seen by Neurology. Medications were continued.

February 1, 2018: Justin was taken to the operating room by Orthopedics for correction of distal radial ulnar joint instability. He underwent left distal radio-ulnar ligament reconstruction with palmaris longus tendon graft and left distal ulnar hardware removal.

February 22, 2018: Justin was seen by Pain Management. LESI was performed.

February 28, 2018: Justin was seen by Neurology. Chemodenervation was performed.

March 5, 2018: Justin was seen by Neurology. He had improved with chemodenervation.

March 26, 2018: Justin was seen by Pain Management. Cervical stellate ganglion blocking was performed.

April 19, 2018: Justin was seen by Pain Management. Left stellate ganglion block was performed.

May 14, 2018: Justin was seen by Pain Management for wrist pain. He underwent left distal radial ulnar joint and radial metacarpal injections.

May 23, 2018: Justin was seen by Neurology. Chemodenervation was performed.

June 11, 2018: Justin was seen by Pain Management.

June 18, 2018: Justin was seen by Neurology. Afternoon and cognitive dysfunction were noted.

July 12, 2018: Justin was seen by Pain Management. Lumbar facet medial branch blocks and right S1 sacral dorsal nerve root block were performed.

July 26, 2018: Justin was seen by Pain Management.

August 23, 2018: Justin was seen by Pain Management. He underwent lumbar RFA.

August 29, 2018: Justin was seen by Neurology. Chemodenervation was performed.

September 4, 2018: Justin was seen by Neurology. Overall improvement with chemodenervation was noted. He was referred to neuropsychology for cognitive studies and possible pseudobulbar affect.

September 5, 2018: Justin was seen by Orthopedics. He had been diagnosed with CRPS following his February wrist surgery.

September 18, 2018: Justin was seen for Neuropsychological testing.

October 10, 2018: Justin underwent a trigeminal nerve block.

November 30, 2018: Justin was seen by Neurology. Chemodenervation was performed.

December 19, 2018: Justin was seen by Neurology. The impression was post-traumatic headaches, post-concussion syndrome, and left upper extremity CRPS.

February 15, 2019: Justin was seen by Neurology.

March 1, 2019: Justin was seen by Neurology. Chemodenervation for headache was performed.

March 18, 2019: Justin was seen by Pain Management. The assessment included new onset cervical radiculitis, left CRPS, and headache.

April 11, 2019: Justin was seen by Neurology. He noted painful gooseflesh at emotional times that was rather painful. He noted excessive fatigue. Lidocaine infusion was discussed.

April 30, 2019: Justin was seen by Neurology. Medication changes were made.

July 11, 2019: Justin was seen by Pain Management. He was having increased back pain and paresthesias in his legs.

August 5, 2019: Justin was seen by Pain Management. Future medial branch blocks were discussed.

August 12, 2019: Justin was seen by Neurology.

August 19, 2019: Justin was seen by Pain Management. He underwent L4-5 and L5-sacral medial branch blocks.

September 6, 2019: Justin was seen by Pain Management. RFA was scheduled.

September 18, 2019: Justin was seen by Neurology. Medication changes for CRPS were undertaken. Chemodenervation for migraines was completed.

September 30, 2019: Justin was seen by Pain Management. He underwent lumbar RFA.

October 17, 2019: Justin was seen by Pain Management. He underwent lumbar RFA.

October 28, 2019: Justin was admitted to MU for DHE infusion therapy for status migrainosus. Due to a misunderstanding of the length of admission he was discharged at his request.

November 20, 2019: Justin was seen by Neurology. Lidocaine infusion was planned for December.

December 2, 2019: Justin was seen by Pain Management. He underwent cervical stellate ganglion blockade.

December 6, 2019: Justin was admitted to MU by Dr. Scott Lucchese with a chief complaint of Complex Regional Pain Syndrome for lidocaine infusion therapy. It was noted that he was being treated for migraines since 2016 ("started following a TBI from MVC") and intractable complex regional pain syndrome of the left arm. On day two of the protocol, he developed numbness in his mouth and altered mental status with delirium. The lidocaine infusion was stopped, and his mentation returned to normal. He had noted no appreciable improvement in the pain in his left arm. Justin was discharged to home.

December 9, 2019: Justin was seen by Neurology for chemodenervation.

December 17, 2019: Justin was seen by Neurology. He complained of persistent feeling of movement after the lidocaine infusion. Neuronal membrane disruption was suspected.

December 30, 2019: Justin was seen by Pain Management.

January 7, 2020: Justin was seen by Neurology. He underwent chemodenervation for his migraines.

March 6, 2020: Justin was seen by Neurology. His problems from the lidocaine toxicity were becoming chronic. The impression included ?reversible dementia?.

July 13, 2020: Justin was seen at the Interventional Pain Institute. His left UE exam included findings of limited range of motion with guarding, diffuse allodynia, edema, hyperesthesia, dysesthesia, hyperpathia, color changes, atrophy, tremor, decreased motor, temperature changes (85 v. 96).

August 12, 2020: Justin was seen for a psychological evaluation. The impression was adjustment disorder. Pain was causing him distress, but no depression noted. He was felt to be a good candidate for spinal cord stimulation.

October 5, 2020: Justin was seen at the Interventional Pain Institute for care of CRPS and back pain. The use of a spinal cord stimulator was recommended.

October 26, 2020: Justin was seen by Neurology. The assessment included chronic post-traumatic migraines not currently well controlled (daily headaches with severe migraines twice a week). PMR referral was made.

November 6, 2020: Justin underwent chemodenervation for chronic migraine assistance.

November 13, 2020: Justin was seen by Pain Management. The assessment included CRPS, chronic pain syndrome, spondylolisthesis of the cervical region, spondylosis without myelopathy of the lumbar and lumbosacral region, low back pain, and therapeutic drug level monitoring.

December 22, 2020: Justin was seen by Orthopedics for a toe injury at work.

January 22, 2021: Justin was seen in the Emergency Department with chest pain.

February 12, 2021: Justin was seen by Neurology. He complained of excessive fatigue. A trial of modafinil was planned.

March 15, 2021: Justin was seen by Pain Management. Tramadol ER was continued.

March 9, 2021: Justin was seen by Neurology for headache, CRPS, and excessive fatigue.

March 15, 2021: Justin was seen at the Interventional Pain Institute for back pain and UE pain. RFA was to be scheduled. Tramadol was continued.

March 18, 2021: Justin was seen by PMR. The assessment was cervical dystonia. Chemodenervation was planned.

March 19, 2021: Justin was seen by Orthopedic Surgery. Surgical options were again discussed.

April 20, 2021: Justin was seen by Neurology for hypersomnolence and fatigue.

April 27, 2021: Justin was seen by Neurology. His headaches had improved somewhat since restarting chemodenervation and Vycepi infusions (quarterly).

May 7, 2021: May 7, 2021: Justin underwent chemodenervation for migraine control and cervical dystonia.

Justin was seen by Neurology. He underwent chemodenervation for chronic migraine care.

May 10, 2021: May 10, 2021: Justin was seen at the Interventional Pain Institute for UE pain and migraines. Notes reviewed from Washington University indicated slow improvement in memory. he had recently undergone chemodenervation for migraine control at Wash. U. Topical creams using DMSO were discussed.

Justin was seen by Pain Management and PMR. He underwent chemodenervation of his cervical dystonia.

May 28, 2021: Justin underwent a lumbar puncture.

May 29, 2021: Justin was seen in the Emergency Department for complaints of headache chest pain, and loss of appetite. He had undergone an LP the day prior. He underwent a fluoroscopic guided lumbar spine epidural blood patch.

July 15, 2021: Justin completed a sleep study that was positive for mild OSA.

July 27, 2021: Justin was seen by PMR. His dystonia had improved with chemodenervation initially.

August 4, 2021: Justin was seen by PMR. Chemodenervation of the neck was performed.

August 20, 2021: Justin was seen by Orthopedics for chronic neck pain.

September 20, 2021: Justin was seen at the Interventional Pain Institute for chronic migraines and post-traumatic headaches as well as left UE pain, and chronic back pain. RFA was scheduled.

September 21, 2021: Justin was seen by Rheumatology. The diagnoses included CRPS of the left upper extremity, arthralgia, and myalgia.

October 18, 2021: Justin was seen by Primary Care. Referrals to PT and Rheumatology were sent.

October 20, 2021: Justin was seen at the Interventional Pain Institute for RFA. RFA was completed.

October 26, 2021: Justin was seen for a PT evaluation. A treatment plan was devised and initiated for his left UE.

October 27, 2021: Justin was seen at the Interventional Pain Institute for back pain for RFA. RFA was completed.

November 4, 2021: Justin was seen by PMR. Chemodenervation for cervical dystonia was performed.

November 13, 2021: Justin was seen at the Interventional Pain Institute for care of CRPS. Topical cream that included ketamine, gabapentin, and lidocaine was ordered.

November 15, 2021: Justin was seen by Washington University Neurology. His medications were continued. Nurtec was restarted every other day.

November 17, 2021: Justin was seen by Primary Care.

November 23, 2021: Justin was seen by Rheumatology. He had developed Raynaud's in all extremities about 4 months after CRPS developed. Symptoms were most noted in left UE. No changes in care were recommended.

March 16, 2022: Justin was seen by Primary Care. The assessment was Raynaud's syndrome and Migraines. His nifedipine was increased.

March 18, 2022: Justin was seen by Orthopedics for wrist pain and DRUJ instability. DRUJ arthroplasty as well as continued conservative therapy was discussed. Justin wanted to continue conservative therapy for now.

March 21, 2022: Justin was seen by Neurology in follow-up for headaches. The assessment included chronic migraine, post-concussion syndrome, palpitations, and variable heart rate. MRI was ordered. Depakote was added for further headache prophylaxis.

March 22, 2022: Justin was seen at the Interventional Pain Institute for chronic and intractable severe low back pain. He was s/p L3, L4, L5 RFA. He reported 60-70% improvement in his pain.

April 6, 2022: Justin was seen by Primary Care for rapid heart rate, dizziness, and lightheadedness. Referral to Cardiology was started.

April 13, 2022: Justin was seen by Primary Care with the possible new diagnosis of postural orthostatic tachycardia syndrome (POTS).

April 18, 2022: Justin was seen by Neurology for hypersomnia. The assessment included mild OSA and post-traumatic hypersomnia. Armodafinil was increased to 200 mg daily.

April 20, 2022: Justin was seen by Cardiology. The diagnosis was undefined tachycardia syndrome. Further testing was ordered.

April 25, 2022: Justin was seen by Neurology. His last bad migraine was March 3rd, but he continued with daily headaches. A trial of Reyvow was discussed.

May 3, 2022: Justin was seen by Rheumatology. The assessment included CRPS and positive ANA.

May 6, 2022: Justin was seen by ENT for help with migraines triggered by allergens. Blood testing was ordered.

May 7, 2022: Justin was seen in convenient care for a dog bite to his right forearm, left ankle, and back.

May 11, 2022: Justin was seen by Primary Care. A concern for temporal epilepsy had been noted by cardiology. He was referred to Neurology.

May 19, 2022: Justin was seen by PMR. Chemodenervation was performed.

June 20, 2022: Justin was seen at the Interventional Pain Institute. He was treated for his CRPS and chronic pain syndrome. Tramadol and clonidine were ordered.

June 29, 2022: Justin was seen by Primary Care. The assessment included CRPS, wrist lump, tick bite with rash.

July 13, 2022: Justin was seen by PMR/Orthopedics. Options included arthroplasty of the wrist or wrist replacement.

CLIENT EVALUATION/CURRENT STATUS

An interview and evaluation were performed on Justin LaMonda on June 24, 2022, at his home in Harrisburg, Missouri, by this Life Care Planner to evaluate his physical, psychological, sociological, vocational, educational and recreational needs in order to provide recommendations throughout his life span.

Current Care Providers

1. Primary Care
2. Neurology
3. Pain Management
4. Spine Surgery
5. Sleep specialist
 - A. "Post traumatic hypersomnia"
6. Appointment pending with Neurologist specializing in dysautonomia
7. Physical therapy

Current Medications/Treatments

1. Botox injections
 - A. Fifty sites in head and neck
 - B. Every three months
 - C. Substantial improvement in neck spasm and some improvement with migraine control
2. Lower back radiofrequency ablation
 - A. Done under sedation/anesthesia
 - B. Right and left sides done on different appointments
 - C. Substantial improvement in low back pain and function
3. Almotriptan 12.5 mg
 - A. prn onset of migraine
 - B. Alternates with other triptan medications based on severity and character of headache

4. ASA
 - A. 162.5 mg each day
5. Celecoxib
 - A. 200 mg twice each day
6. Clonidine
 - A. 1 mg as needed
7. Cyclobenzaprine
 - A. 10 mg three times each day as needed
8. Desmopressin
 - A. 10 mcg/spray once daily as needed for headache associated diuresis
9. Dextromethorphan
 - A. 10 mg twice each day
10. Eptinezumab
 - A. Injection every three months
11. Folic acid
 - A. 1 mg each day
12. Frovatriptan
 - A. 2.5 mg as needed at onset of migraine
 - B. Alternates with other triptan medications based on severity and character of headache
13. Lasmiditan
 - A. 100 mg as needed at onset of migraine
 - B. Alternates with other triptan medications based on severity and character of headache
14. Nebivolol
 - A. 10 mg each night
15. Nifedipine
 - A. 10 mg three times each day
16. Nortriptyline
 - A. 30 mg each day in two divided doses
17. Ondansetron

- A. 4 mg as needed for headache associated nausea
- 18. Rimegeptant
 - A. 75 mg every other day
- 19. Timolol
 - A. 0.5% one drop to each eye at onset of headache
- 20. Tramadol extended release
 - A. 100 mg
 - B. As needed for pain
- 21. Ubrogeptant
 - A. 100 mg
 - B. As needed for migraine
- 22. Zolmitriptan
 - A. 5 mg as needed at onset of migraine
 - B. Alternates with other triptan medications based on severity and character of headache
- 23. Toradol/Phenergan/Benadryl injection
 - A. As needed
 - B. Average once each month

Current Durable Medical Equipment and Supplies Utilized

- 1. Upper extremity compression sleeves
- 2. Left wrist brace
- 3. TENS (back and neck only)

Current Evaluation

1. Physical
 - A. Pain
 - i. Post traumatic migraines with aura
 1. Aura with severe symptomatology (sound hypersensitivity, ocular changes)
 2. Pain worse on left side of head
 - a. "I have never not had a headache since they started after the crash"
 3. Multiple medications
 4. No previous migraine history
 - ii. Neck
 1. Muscle spasm
 - a. Left worse than right
 - b. Associated with headaches
 2. Improved after Botox
 - iii. Back
 1. Lower back pain with right sciatica
 2. Improved with yearly radio frequency ablation
 3. Feels like "ground glass under my right foot"
 - iv. Left arm
 1. Diagnosed with CRPS following second surgery to repair wrist injury
 2. Pain all of the time
 - a. 3-4/10 at rest
"Cold burning pain, like you left your arm in ice water for a long time"
 - b. Increased with use
 - c. Increased with contact
 - d. Extends into left chest wall
 - v. Marked fatigue
 - vi. Dysautonomia

1. Started after a severe migraine
 2. Dizziness
 3. Tachycardia
 4. Blood pressure changes
- B. Mobility
- i. Walks without the use of assistive device
 - ii. Drives without the use of adaptive equipment
- C. Activities of daily living
- i. Personal
 1. Independent at this time
 2. Increased pain with activities that require the use of his left arm
 - a. Progressive difficulties
 - ii. Home
 1. Partially dependent
 2. Requires assistance with activities that require the use of both arms
 3. Requires assistance with activities on elevated surfaces
 - iii. Outside
 1. Partially dependent as above
- D. Head
- i. Well healed anterior scalp surgical incision
 - ii. Non-tender
 - iii. No tenderness to palpation of scalp muscles
- E. Neck
- i. Tender bilateral paraspinous muscle groups
 1. Left worse than right
 - ii. No midline tenderness
- F. Back
- i. Tender to percussion from L1-Sacrum
 - ii. No extension of pain during evaluation
- G. Chest/abdomen

- i. No acute findings
- H. Upper extremities
 - i. Carries left arm bent and close to his body at rest and during ambulation
 - ii. Left shoulder higher than right at rest
 - iii. Left hand with white discoloration from midhand to elbow
 - 1. Noted temperature difference
 - a. Left colder than right
 - iv. No piloerection during examination period
 - v. Marked allodynia throughout hand and left arm to level of shoulder
 - 1. Most severe from wrist to elbow
 - vi. Left arm without functional wrist
 - 1. Lateral displacement of ulna above wrist with twisting
- I. Lower extremities
 - i. No acute findings
- J. Neurological/functional
 - i. Unable to tolerate cold
 - 1. Increased pain in left arm and head
 - ii. Develops painful piloerection in response to contact with left arm, or certain stimulations
 - 1. Full left arm
 - 2. Limited now on right upper arm
 - iii. Notes lower temperature in left arm all of the time
- 2. Sociological
 - A. Currently living with his mother
 - i. Father passed away fall of 2021 from COVID
 - B. Divorced with three children
 - i. Shared custody (8, 10, 13)
 - ii. Kids are with him on the weekends

3. Psychological

- A. Depressed and anxious
 - i. Loss of full independence without pain
 - ii. Chronic pain
 - iii. Progressive loss of left arm function
 - iv. "Spread of CRPS"
- B. Not currently seeing Psychology or Psychiatry
 - i. Interested in starting

4. Educational/vocational

- A. Undergraduate degree in Physiology and Russian
- B. Completed medical school in 2009
- C. Completed Internal Medicine Residency in 2012
- D. Private practice
 - i. Stopped on January 30, 2020
- E. Currently employed by the US Postal Service

5. Recreational

- A. Prior to the crash
 - i. Yoga usually twice a week with wife
 - ii. Running
 - iii. Playing with the children
- B. Now limited in all of these activities secondary to pain and fatigue

Detailed needs analysis and cost data are provided in the following pages of this Life Care Plan. All recommendations are given within a reasonable degree of medical certainty and are based on my review of his history and medical records, suggestions and recommendations of his health care providers, my interview with Justin, my evaluation of Justin, and my education, training, and experience as a Trauma Surgeon and an internationally certified Life Care Planner. Please note that all expenses are listed in costs at current pricing. Palm Medical Solutions reserves the opportunity to apply changes as necessary if further information becomes available or if there are changes in the status of Justin LaMonda.

Life expectancy was calculated on August 22, 2022 (www.ssa.gov/oact/population/longevity.html).

LIFETIME COST PROJECTIONS

Medical Care	\$432,859.00
Surgeries/Procedures	\$1,231,204.00
Therapeutic Evaluation and Modalities	\$230,959.00
Diagnostic Studies & Lab Work	\$44,236.00
Medications	\$2,781,597.49
Orthosis/Prothesis	\$9,520.00
Home Care/ Living Arrangements	\$3,233,687.00
TOTAL	\$7,964,062.49